

San Antonio Metropolitan Health District

Health Profiles 2002

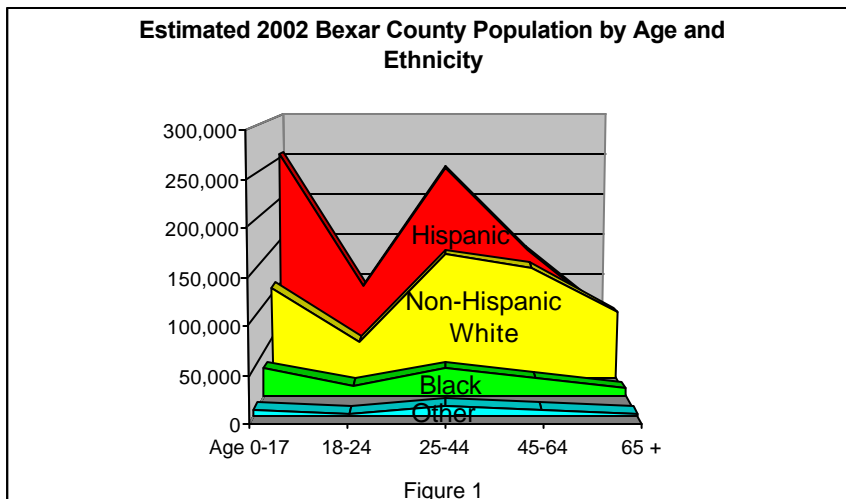
Executive Summary

The challenge of an annual public health assessment is to create a snapshot of our community's current health status, with some indication of the progress we are making, the tasks that remain and a sense of how we compare with the State and the rest of the Nation. These pages offer a brief and partial description of the picture we have taken. It was developed through a careful analysis of birth and death records, communicable disease reports, school statistics and a host of other sources. This summary is meant to offer some highlights from a much larger and detailed report – **Health Profiles 2002**, which is available on our website at www.sanantonio.gov/health. Readers are directed to the full report for a detailed compilation and analysis of statistical data and a review of selected health indicators.

Zip Code and District Reporting

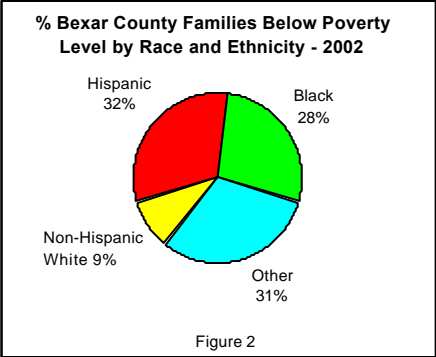
To allow greater public access and to better focus resources and research on higher need areas, analysis by zip code has been added to this year's Health Profiles. Analysis by council district, county precinct, census tract, and school district is provided as in the past. Maternal and child health indicators were analyzed by zip code and the top 9 zip codes (of 72 zip codes in Bexar County) were found to account for 30% to 50% of the burden of measurable conditions. These 9 zip codes house 27% of the Bexar County population.

Demographics



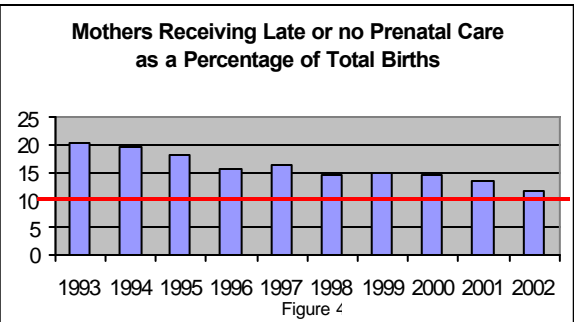
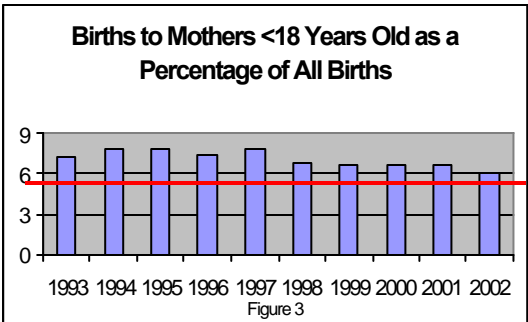
The Texas State Data Center estimates that 1,425,742 people lived in Bexar County during 2002. Figure 1 indicates the estimated population, racial and ethnic makeup of the community in 2002. These figures reflect an increasing Hispanic population due partly to in-migration and high birth rates in this group. The Hispanic population of Bexar County is very young as seen in Figure 1. As this population ages, it will create new challenges and rewards for San Antonio.

Public health resources will need to be focused to ensure that these new members of our community have access to health care and the opportunity to enjoy good health status. An examination of their socio-economic status indicates that many of these individuals will be dependent on public resources for this assurance. (Figure 2)

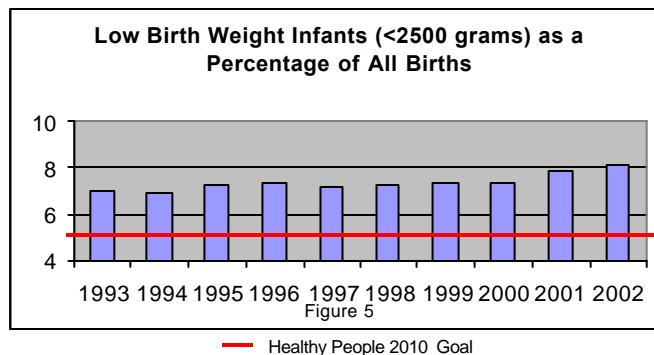


Births

Infant mortality increased from 4.9/1000 live births in 2000 to 7.3/1000 live births in 2002. The infant mortality rate in the “top 9” zip codes was 8.5 deaths/1000 live births, reflecting disparities across the county. This figure falls far short of the Healthy People 2010 goal of 4.5 deaths/1000 live births. Births to women <18 years of age and late prenatal care are sentinel indicators of maternal and child health. Bexar County remains significantly higher than Healthy People 2010 goals in both of these areas, however there is steady improvement in both of these indicators, presumably due to San Antonio Metropolitan Health District (SAMHD) Family Planning and Maternal Health programs, Healthy Start, and other maternal assistance programs. (Figures 3 and 4) Figure 5 demonstrates that births of low birth weight infants (<2500 grams) are increasing, and it is possible that these infants (with a mortality rate that should be higher than full-term infants) are influencing the infant mortality rate.

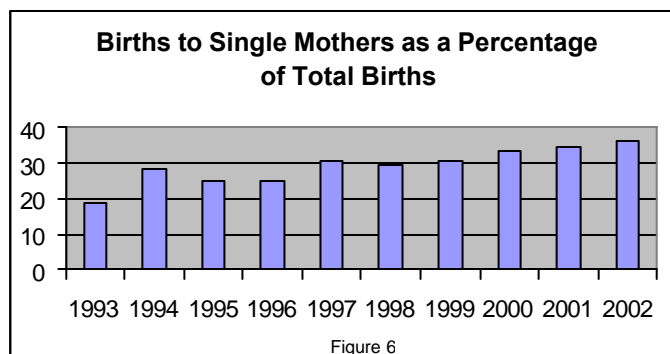


— Healthy People 2010 Goal



Maternal Health

Maternal Health issues affect the family in ways that touch children, families and society. Young mothers (see above) and single mothers will have a much more difficult time with balancing employment, childcare, and advancing their educations. Single mothers as a percentage of all mothers has nearly doubled over the last 10 years. (Figure 6) These phenomena are concerning and will undoubtedly impact social service agencies, school systems and other community institutions.



Deaths

Heart disease continued to be the leading cause of death in Bexar County in the year 2002. This year's Health Profiles expands heart disease as a cause of death to better isolate those that might be preventable, particularly ischemic coronary artery disease. Cancer maintained its number two position accounting for 22% of deaths, and in the body of Health Profiles a breakdown by cancer type is provided. Unintentional injuries, chronic obstructive pulmonary disease (COPD), hypertension, stroke and diabetes were other leading causes of death. Many of these deaths could have been prevented or at least postponed through healthier life style choices. Education and prevention initiatives

targeting tobacco, alcohol, illicit drugs, poor nutrition and sedentary lifestyles must be maintained and strengthened. Both parents and schools need to continually reinforce these messages. Figure 7 provides a graphic representation of the leading causes of death.

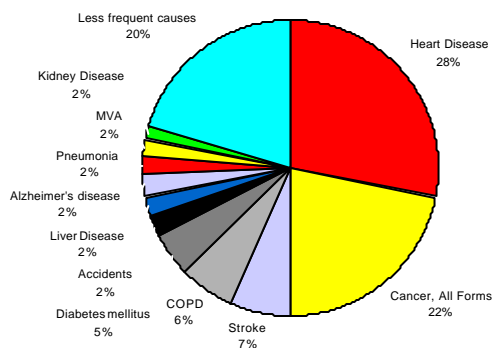


Figure 7

The leading causes of death by age groups can be especially informative and have changed little in the past 3 years. The leading cause of death for children ages 1-4 was non-motor vehicle accidents. In the age groups 5-14 and 15-24, motor vehicle accidents accounted for the most deaths. Accidents (motor vehicle and all others combined) led with the most fatalities in age group 25-44. Among age groups 45-64 and 65-74 years, cancer claimed the largest number of victims. At age 75 and above heart disease took the greatest toll.

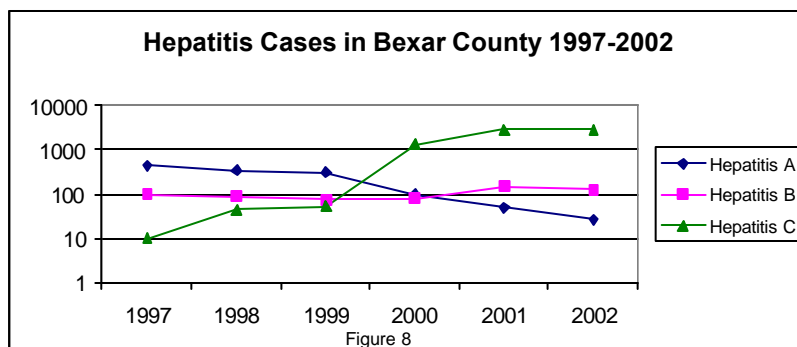
Bexar County deaths from heart disease over the last 10 years are increasing, but not at the same rate as the population is growing, leading to a lower percentage of total deaths attributable to heart disease (29% in 1993 compared with 28% in 2002). The same holds true for deaths due to cancer. Homicides, suicides, and AIDS deaths are decreasing in absolute and relative numbers in the last 10 years. Unfortunately, increases in absolute and relative numbers of diabetes, hypertension, stroke, COPD, and motor vehicle accident (MVA) related deaths have occurred during the last decade as well. Many of these deaths still could have been prevented through targeted community efforts directed to populations at risk. Indeed, the quality and duration of life for many of our older residents could be greatly enhanced through more programs to address chronic illnesses such as heart disease and diabetes along with the commitment to keep the elderly connected and part of the community.

Cancer of the trachea, bronchus and lung claimed the most lives in 2002 (556), followed by cancer of the colon and rectum (201) and breast (175). These figures more than justify continued public health investments to promote abstinence from tobacco products and encouragement of mammograms for women at risk. We are not making great strides in the prevention of these deaths.

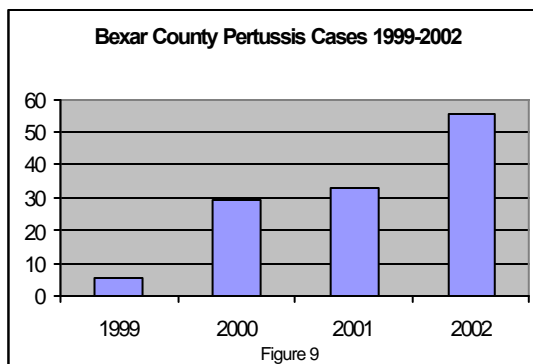
Communicable Diseases

Newly diagnosed AIDS cases dropped from 200 to 175 over the past year while Human Immunodeficiency Virus (HIV) infection, the precursor to AIDS, has increased from 245 in 2001 to 321 in 2002. Clearly, while there have been dramatic breakthroughs in the treatment arena for persons with AIDS, we are still experiencing unacceptable levels of HIV infection among at risk populations. Many of the young, in particular, seem to have not internalized the messages of safe sex and have an unrealistic confidence in their ability to avoid the very real dangers and deadly consequences involved. Other sexually transmitted diseases, including chlamydia, gonorrhea and syphilis, have all been occurring at consistent levels for the last 5 years.

Following an aggressive education and outreach campaign encouraging testing, we have seen a dramatic increase in Hepatitis C cases from a low of 51 in 1999 to 2869 in 2002. (Figure 8) Hepatitis C has the potential to replace AIDS as a major public health challenge for the new century and will need to be carefully monitored.



Targeting schools with high prevalence of Hepatitis A in San Antonio has paid off with dramatic dividends by reducing new cases from 437 to 26 in a 6-year time frame. (Figure 8) San Antonio continues to enjoy high levels of protection from vaccine preventable diseases, especially among our children. Pertussis cases are increasing in Bexar County, reflecting an influx of inadequately vaccinated or unvaccinated adults and children. (Figure 9) We must not allow large groups of children to avoid vaccines and become a reservoir for vaccine preventable and possibly fatal diseases such as these.



Environmental Health

Environmental health issues continue to occupy more of our attention and resources. Surveillance personnel continue to test suspect birds and mammals for evidence of emerging or re-emerging infectious diseases such as West Nile virus. Plans and procedures to counter the effects of bioterrorism are in place and coordinated through the Metropolitan Health District.

Animal control is a vital component of efforts to protect the environment. Animal Care Services Division continues to safeguard the public from rabies and promote responsible pet ownership, including spay/neuter services to aid in the control of stray and unwanted pets. Through this activity we have seen animal bites fall from 3078 in 2001 to 2816 in 2002 despite the fact that the number of animals impounded increased from 49,566 to 50,046.

We focus considerable energy on reducing blood lead levels in children. A well received campaign to educate the public on the dangers of lead based paints and other potential lead exposures has resulted in a dramatic decline in the number of cases of children registering high blood lead levels from 452 in 2001 to 224 in 2002. Asthma hospitalizations are tracked and attempts made to relate air pollution levels to respiratory health effects.

Closing Comments

The health concerns highlighted in this summary cannot be addressed in isolation. There is a vast array of personal, social and environmental factors that contribute to our physical and emotional health status. A comprehensive approach to reduction of those factors that combine to degrade the quality of life in our community is essential. Everyone benefits from clean air, pure water and safe food. Control of contagious diseases, reduction of injuries and promotion of healthy lifestyle choices will safeguard the overall health of our residents and improve the opportunities for preventing or changing conditions that can adversely affect them. If these issues are not attended to, we may well see our collective health deteriorate.

Our data collection and quality must continue to improve and we must continue vigilant monitoring and remediation of health indicators trending badly. We ask that practitioners in the community complete birth and death records accurately so that our data are the best possible. Studies are ongoing and more are proposed to identify root causes and treatments for health problems we identify in San Antonio and Bexar County.

We must continue to evolve from a central public health agency model to a more integrated community paradigm reflecting strong partnerships and clear priorities. Reduction of behaviors that risk illness and injury requires improved standards of living and increased pride in community and self. Such a broad-based public health perspective will help assure our residents an effective safety net and an informed basis for sound decision making.